



### SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

Case Name: Stephen D. King
Case Number: 18-71778

Note: The information requested below is a summary of the information reported the various Schedules and Attachments contained within this report.

	Month 31-Dec-18	Cumulative Total
CASH- Beginning of Month (Household)	\$0.00	\$0.00
CASH- Beginning of Month (Business)	\$0.00	\$0.00
<b>Total Household Receipts</b>	\$0.00	\$0.00
<b>Total Business Receipts</b>	\$0.00	\$0.00
<b>Total Receipts</b>	\$0.00	\$0.00
<b>Total Household Disbursements</b>	\$0.00	\$0.00
<b>Total Business Disbursements</b>	\$0.00	\$0.00
<b>Total Disbursements</b>	\$0.00	\$0.00
<b>NET CASH FLOW (Total Receipts minus Total Disbursements)</b>	\$0.00	\$0.00
<b>CASH- End of Month (Individual)</b>	\$0.00	\$0.00
<b>CASH- End of Month (Business)</b>	\$0.00	\$0.00

### CALCULATION OF DISBURSEMENTS FOR UNITED STATES TRUSTEE QUARTERLY FEES

TOTAL DISBURSEMENTS (From Above)	\$0.00	\$0.00
Less: Any Amounts Transferred or Paid from the Business Account to the Household Account (i.e., Salary Paid to Debtor or Owner's Draw)	\$0.00	\$0.00
<b>DISBURSEMENTS FOR U.S. TRUSTEE FEE CALCULATION</b>	\$0.00	\$0.00

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Debtor's Signature

**SCHEDULE OF BUSINESS  
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month 31-Dec-18	Cumulative Total
<b>CASH - Beginning of Month</b>	\$0.00	\$0.00
<b>BUSINESS CASH RECEIPTS</b>	\$0.00	\$0.00
Cash Sales	\$0.00	\$0.00
Account Receivable Collection	\$0.00	\$0.00
Loans/Borrowing from Outside Sources (attach list to this report)	\$0.00	\$0.00
Rental Income	\$0.00	\$0.00
Sale of Business Assets (attach list to this report)	\$0.00	\$0.00
Other (specify) (attach list to this report)	\$0.00	\$0.00
<b>Total Business Receipts</b>	\$0.00	\$0.00
<b>BUSINESS CASH DISBURSEMENTS</b>	\$0.00	\$0.00
Net Payroll (Excluding Self)	\$0.00	\$0.00
Salary Paid to Debtor or Owner's Draw (e.g., transfer to Household Account)	\$0.00	\$0.00
Taxes - Payroll	\$0.00	\$0.00
Taxes - Sales	\$0.00	\$0.00
Taxes Other (attach schedule)	\$0.00	\$0.00
Contract Labor (Subcontractors)	\$0.00	\$0.00
Inventory Purchases	\$0.00	\$0.00
Secured/Lease Payments (Business)	\$0.00	\$0.00
Utilities (Business)	\$0.00	\$0.00
Insurance	\$0.00	\$0.00
Vehicle Expenses	\$0.00	\$0.00
Travel & Entertainment	\$0.00	\$0.00
Repairs and Maintenance	\$0.00	\$0.00
Supplies	\$0.00	\$0.00
Charitable Contributions/Gifts	\$0.00	\$0.00
Purchase of Fixed Assets	\$0.00	\$0.00
Advertising	\$0.00	\$0.00
Bank Charges	\$0.00	\$0.00
Other (attach schedule)	\$0.00	\$0.00
<b>Total Business Disbursements</b>	\$0.00	\$0.00
<b>CASH - End of Month (Must equal reconciled bank statement - Attachment No. 2)</b>	\$0.00	\$0.00

MONTHLY OPERATING REPORT -  
INDIVIDUAL

ATTACHMENT NO. 1

QUESTIONNAIRE		
	YES*	NO
1. Have any assets been sold or transferred outside the normal course of business during this reporting period?		X
2. Have any funds been disbursed from any account other than a debtor in possession account?		X
3. Are any post-petition receivables (accounts, notes, or loans) due from any relatives, insiders, or related party?		X
4. Have any payments been made on pre-petition liabilities this reporting period?		X
5. Have any post-petition loans been received by the debtor from any party?		X
6. Are any post-petition payroll taxes past due?		X
7. Are any post-petition state or federal income taxes past due?		X
8. Are any post-petition state or local sales taxes past due?		X
9. Are any post-petition real estate taxes past due?		X
10. Are any amounts owed to post-petition creditors/vendors delinquent?		X
11. Are any wage payments past due?		X

\*If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

INSURANCE INFORMATION		
	YES	NO*
1. Are real and personal property, vehicle/auto, general liability, fire, theft, worker's compensation, and other necessary insurance coverages in effect?	X	
2. Are all premium payments current?	X	

\*If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATION OF INSURANCE			
TYPE of POLICY and CARRIER	Period of Coverage	Payment Amount and Frequency	Delinquency Amount

\_\_\_ Check here if United States Trustee has been listed a Certificate Holder on all policies of insurance.

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:
Estimated Date of Filing the Plan of Reorganization and Disclosure Statement: <u>UNKNOWN</u>

# MONTHLY OPERATING REPORT - INDIVIDUAL

**ATTACHMENT NO. 3A**

**CASH DISBURSEMENTS DETAILS - HOUSEHOLD**

<b>Name of Bank</b>	<b>No Checks Disbursed for December 31, 2018</b>
<b>Account Number</b>	
<b>Purpose of Account (Personal)</b>	
<b>Type of Account (e.g., Checking)</b>	

[illegible]

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.

[illegible]

**MONTHLY OPERATING REPORT -  
INDIVIDUAL**

**ATTACHMENT NO. 2**

**BANK ACCOUNT RECONCILIATIONS**

Bank Account Information	Account #1	Account #2	Account #3	Account #4
Name of Bank:	N/A	N/A	N/A	N/A
Account Number:				
Purpose of Account (Business/Personal)				
Type of Account (e.g. checking)				
1. Balance per Bank Statement				
2. ADD: Deposits not credited (attach list to this report)				
3. SUBTRACT: Outstanding Checks (attach list)				
4. Other Reconciling Items (attach list to this report)				
5. Month End Balance (Must Agree with Books)				
TOTAL OF ALL ACCOUNTS				\$

**Note: Attach a copy of the bank statement and bank reconciliation for each account.**

Investment Account Information	Date of Purchase	Type of Instrument	Purchase Price	Current Value
Bank / Account Name / Number				

**Note: Attach a copy of each investment account statement.**

## MONTHLY OPERATING REPORT - INDIVIDUAL

**ATTACHMENT NO. 3B**

**CASH DISBURSEMENTS DETAILS - BUSINESS**

<b>Name of Bank</b>	No Checks Disbursed for December 31, 2018
<b>Account Number</b>	
<b>Purpose of Account (Business)</b>	OPERATING
<b>Type of Account (e.g., Checking)</b>	

[illegible]

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.


**ATTACHMENT NO. 3C**

### CASH DISBURSEMENTS DETAILS - BUSINESS

<b>Name of Bank</b>	No Checks Disbursed for December 31, 2018
<b>Account Number</b>	
<b>Purpose of Account (Business)</b>	
<b>Type of Account (e.g., Checking)</b>	

[illegible]

If any checks written this period have not been delivered to the payee, provide details, including the payee, amount, explanation for holding check and anticipated delivery date of check.




**MONTHLY OPERATING REPORT -  
INDIVIDUAL**

**ATTACHMENT NO. 4**

ACCOUNTS RECEIVABLE RECONCILIATION (Pre- & Post- Petition)	Scheduled Amount	Current Month
		31-Dec-18
Accounts Receivable Beginning Balance	\$0.00	\$0.00
Plus: Billings During the Month	\$0.00	\$0.00
Less: Collections During the Month	\$0.00	\$0.00
Adjustments or WriteOffs*	\$0.00	\$0.00
Accounts Receivable Ending Balance**	\$0.00	\$0.00

ACCOUNTS RECEIVABLE AGING (Pre- & Post- Petition)	Scheduled Amount	Current Month
		31-Dec-18
0 - 30 Days	\$0.00	\$0.00
31 - 60 Days	\$0.00	\$0.00
61 - 90 Days	\$0.00	\$0.00
Over 90 Days	\$0.00	\$0.00
Total Accounts Receivable**	\$0.00	\$0.00

\* Attach explanation of any adjustment or writeoff.

\*\* The "current month" of these two lines must equal.

POST-PETITION TAXES	Beginning Tax Liability*	Amount Withheld & or Accrued
<b>Federal Taxes</b>	\$0.00	\$0.00
Withholding**	\$0.00	\$0.00
FICA - Employee	\$0.00	\$0.00
FICA - Employer	\$0.00	\$0.00
Unemployment	\$0.00	\$0.00
Income	\$0.00	\$0.00
Other (Attach List)	\$0.00	\$0.00
<b>Total Federal Taxes</b>	\$0.00	\$0.00
<b>State &amp; Local Taxes</b>	\$0.00	\$0.00
Withholding	\$0.00	\$0.00
Sales	\$0.00	\$0.00
Unemployment	\$0.00	\$0.00
Real Property	\$0.00	\$0.00
Personal Property	\$0.00	\$0.00
Other (Attach List)	\$0.00	\$0.00
<b>Total State &amp; Local Taxes</b>	\$0.00	\$0.00
<b>Total Post-Petition Taxes</b>	\$0.00	\$0.00

\* The beginning tax liability should represent the liability from the prior month, or if this is the first report, the amount should be zero

\*\* Attach copies of IRS Form 6123 or your FTD coupon and payment receipt to verify payment or deposit

**ATTACHMENT NO. 5**

ACCOUNTS PAYABLE RECONCILIATION (Post-Petition Only)			
	Month	Month	Month
	N/A	N/A	N/A
Accounts Payable Beginning Balance*	\$0.00	\$0.00	\$0.00
Plus: New Indebtedness During the Month	\$0.00	\$0.00	\$0.00
Less: Amount Paid on Acct. Payables in Month	\$0.00	\$0.00	\$0.00
Adjustments or WriteOffs**	\$0.00	\$0.00	\$0.00
Accounts Payable Ending Balance	\$0.00	\$0.00	\$0.00

**\*\*Attach explanation for any adjustment or write-off.**

[illegible]

\*\*\* List any additional payables on a separate sheet and attach to this schedule.

POST-PETITION STATUS OF SECURED NOTES, LEASES, AND ADEQUATE PROTECTION PAYMENTS					
Name of Secured Creditor / Lessor	Scheduled Monthly Payment Due	Total Past Due From Prior Month(s)	Amount Paid During Month	Total Unpaid Postpetition	Total Number of Payments Past Due




# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

05/07/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

<b>PRODUCER</b>  Scott Clark 3011 W Galbraith Rd Cincinnati, OH 45239-4222		<b>CONTACT NAME:</b> Scott Clark <b>PHONE (A/C, No, Ext):</b> (513) 521-0070 <b>FAX (A/C, No):</b> (513) 522-9810 <b>E-MAIL ADDRESS:</b> scott.clark.bxzu@statefarm.com <b>PRODUCER CUSTOMER ID:</b>															
<b>INSURED</b> Crestview Heights III c/o Charlene Baker 11277 Pippin Rd Cincinnati, OH 45231-1201		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : State Farm Fire and Casualty Company</td> <td>25143</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : State Farm Fire and Casualty Company	25143	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :																	
INSURER E :																	
INSURER F :																	

## COVERAGES

**CERTIFICATE NUMBER:**

## REVISION NUMBER:

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REFER TO ACORD 101.

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS			
	<input checked="" type="checkbox"/>	PROPERTY	95-KW-3236-8	04/07/2019	04/07/2020	<input checked="" type="checkbox"/>	BUILDING	\$ \$1,306,900		
		CAUSES OF LOSS							PERSONAL PROPERTY	\$
									BUSINESS INCOME	\$ SEE ACORD 101
		BASIC							EXTRA EXPENSE	\$ SEE ACORD 101
		BROAD							RENTAL VALUE	\$ SEE ACORD 101
	<input checked="" type="checkbox"/>	SPECIAL							BLANKET BUILDING	\$
		EARTHQUAKE							BLANKET PERS PROP	\$
		WIND							BLANKET BLDG & PP	\$
		FLOOD								\$
										\$
							\$			
		INLAND MARINE	TYPE OF POLICY				\$			
		CAUSES OF LOSS					\$			
		NAMED PERILS	POLICY NUMBER				\$			
							\$			
		CRIME					\$			
		TYPE OF POLICY					\$			
	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$			
							\$			
							\$			

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REFER TO ACORD 101.

**CERTIFICATE HOLDER**

<p>Cincinnati Federal ISAOA/ATIMA 6581 Harrison Ave</p>		<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
<p>Cincinnati,</p>	<p>OH 45247-2810</p>	<p><b>AUTHORIZED REPRESENTATIVE</b></p> <p>IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.</p>

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Scott Clark		NAMED INSURED Crestview Heights III	
POLICY NUMBER 95-KW-3236-8			
CARRIER State Farm Fire and Casualty Company	NAIC CODE 25143	EFFECTIVE DATE: 04/07/2019	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 24 FORM TITLE: Certificate of Property Insurance

**Unit Owner:**

Stephen D King - 5465 Camelot Dr Apt 28 - Fairfield, - OH - 45014-4046 - Unit Loan Number:00000 - Number Of Units: 0012

**Association Type:** Residential Community Association Policy

**Forms, Options and Endorsements:**

CMP-4100	Businessowners Coverage Form
CMP-4719.1	Earthquake Volcanic Eruption
CMP-4550	Residential Community Assoc
CMP-4508	Money and Securities
FE-3650	Actual Cash Value Endorsement

**Forms, Options and Endorsements:**

CMP-4235.1	Amendatory Endorsement
FE-6999.2	Terrorism Insurance Coverage
CMP-4710	Emp Dishonesty \$25,000
CMP-4705.2	Loss of Income & Extra Expnse
CMP-4561.1	Policy Endorsement

**Coverages:**

Business Liability	\$1,000,000
Medical Payments	\$5,000
Products-Completed Operations	\$2,000,000
General Aggregate	\$2,000,000

**Coverage**

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association bylaws including the following types of property within a unit, regardless of ownership:

1. Fixtures, improvements and alterations that are a part of the building or structure; and
2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. **However, these endorsements do not change any replacement cost coverage provided by the policy.**

This policy provides coverage on a standalone/individual condominium association.

**Commercial General Liability**

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

**Loss of Rents, Loss of Income and Extra Expense**

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION**

<b>IN RE:</b>	)	<b>CHAPTER 11</b>
	)	
<b>DEEP END, LLC.</b>	)	
	)	<b>CASE NO: 18-71778-wlh</b>
	)	
<b>Debtor.</b>	)	
_____	)	

**CERTIFICATE OF SERVICE**

I certify that a copy of the foregoing **Monthly Operating Report for the Period from December 31, 2018, through December 31, 2018**, was served by electronic mail to the following interested parties:

Thomas Wayne Dworschak  
Office of the U. S. Trustee  
Room 362  
75 Ted Turner Drive, SW  
Atlanta, GA 30303  
(404) 331-4437

Email: thomas.w.dworschak@usdoj.gov

This 13th day of May 2019.

\_\_\_\_/s/ William A. Rountree\_\_\_\_\_  
William A. Rountree  
Georgia Bar No. 616503  
Rountree, Leitman & Klein, LLC  
Century Plaza I  
2987 Clairmont Road  
Atlanta, GA 30329  
404 584-1244  
wrountree@randllaw.com